

## Utah Department of Health

Federal and State Programs Which Serve Individuals >138% FPL (July 2020)

### Health Determined FPL Percentage

Ref	CFDA # or Appr Code	Program Name	Division	Program Objectives	Authorizations (What is the statutory authorization/public law)	Is UDOH able to limit those who are served with this funding to those who are at 138% FPL or below? (Yes/No) Why or why not? Please explain. If possible, please reference applicable laws and/or regulations.	If UDOH <u>is able</u> to limit service to those who are at 138% FPL or below, please project program impact and the associated <u>General Fund</u> and <u>Federal funds</u> savings that could be achieved.	Additional Comments/Notes
1		State Primary Care Grants Program	FHP	The State Primary Care Grant Program provides access to ambulatory primary care services needed by low income individuals and families without health insurance who are not eligible for CHIP or Medicaid. It also covers primary care services that are not covered by Medicare, Medicaid, CHIP, or private insurance.	Title 26 Chapter 10b 101-106; R434-30	Yes, under 26-10b-106. Primary Care Grant Committee. (1) The Primary Care Grant Committee created in Section 26-1-7 shall: (f) make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that govern the committee, including the committee's grant selection criteria.	The program currently defines "low income" as including individuals at or below 200 percent of federal poverty level, as established and published annually by the U.S. Department of Health and Human Services.  A reduction to 138% FPL would eliminate access to services for individuals between 138% and 200% FPL. We cannot calculate the impact because grant recipients only report data on individuals below 200% FPL.  \$0 FF	Eligibility for services is not solely based on income  Current program guidance Includes members of those populations listed in Utah Code § 26-19-301, et. seq., or who: a. Is low-income, as defined in section 7, and either: <ul style="list-style-type: none"><li>Does not have health insurance, including CHIP and Medicaid, or</li><li>Does not have health insurance that covers primary health care services, or</li><li>Does not have health insurance that covers a particular primary health service provided by the Awarded agency; and b. Resides in the State of Utah.</li></ul> "Low income" is defined as including individuals at or below 200 percent of federal poverty level, as established and published annually by the U.S. Department of Health and Human Services.
2	93.917	Ryan White	DCP	Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) provides grants to States and Territories to improve the quality, availability, and organization of HIV health care and support services. Within the RWHAP Part B grant there is: a base grant for core medical and support services and the AIDS Drug Assistance Program (ADAP) award	Public Law 111-87	Yes, each state is responsible for determining client eligibility criteria for their own jurisdiction. This includes setting income level for Program eligibility.	The Ryan White Part B Program is over 99% Federally funded. A reduction in income limit to 138% FPL would not equate to State funding saving from the Ryan White Program as the State funds received are required as part of the State match to receive our Federal funding. If the Program were to reduce the income limit from 250% FPL to 138% FPL, 371 Utahans would lose access to HIV-related medical care and medications. Due to phamacetuical rebates, a reduction to138% FPL for Program eligibility would not provide federal funding or State funding savings and would instead equate to a loss of rebate income in the amount of \$113,058.03. This is demonstrated as calendar year 2019 non-rebate funded expenditures for these clients were \$1,795,178.74 and rebate income generated by these clients was \$1,908,236.77.	The Ryan White Part B Program is federally funded and is intended to provide gap coverage for those who do not have another payer source and is the payor of last resort behind all other coverage, including Mediciad. A reduction to 138% of poverty for eligibility would result in a significant gap in access to HIV-related medical care and medications for clients between 139% and 250% of the FPL and thus impact the ability of the Program to meet its intended purpose. The program utilizes drug rebates to attempt to serve all clients who need services up to 250% of poverty. Currently the Program does not receive enough federal funding to fill this gap. A reduction in the FPL limit would further impact rebate generation and would impact the Program's ability ot serve even those below 138% FPL. The program is intended to serve those without other coverage or other means to afford their life-saving medications. In the last HRSA Site visit of the Program, Health received a "finding" in which it was recommended the Program increase the FPL income limit up to 500% FPL. The Program is currently determining feasibility of increasing the FPL as a result of this recommendation and it is planned to include this as part of the Program's Corrective Action Plan submission to HRSA.
3	93.778	New Choices Waiver	MHF	The primary goal of the New Choices Waiver is to move people out of institutional care to a less restrictive community care setting.	1915(c), 42 CFR 435.217, 42 CFR 435.301	Yes - \$10,936,800; however, these members came from Nursing Homes and will end up in the "Nursing Home" category, which is a more costly option.	\$3,533,700 GF \$7,403,100 FF	
4	93.778	Community Supports Waiver	MHF	Community Supports waiver is designed to help severely disabled people of any age remain in their homes rather than be institutionalized.	1915(c), 42 CFR 435.217, 42 CFR 435.301	Yes - \$7,682,000; however, most members will end up in Intermediate Care Facilities and will end up in the "Nursing Home" category, which is a more costly option.	\$2,482,100 GF \$5,200,000 FF	
5	93.778	Pregnant	MHF	Covers pregnant women that meet all conditions to qualify for Medicaid, except their monthly income is more than the Medicaid limit.	42 CFR 435.301, 1902(c)	Yes - \$6,924,000	\$2,237,100 GF \$4,686,800 FF	
6	93.778	Disabled Medicaid	MHF	Covers Disabled people that meet all conditions to qualify for Medicaid, except their monthly income is more than the Medicaid limit.	42 CFR 435.324	Yes - \$3,775,800	\$1,220,000 GF \$2,555,900 FF	
7	93.778	Family Medicaid	MHF	Covers Parents or caretaker relatives that meet all conditions to qualify for Medicaid, except their monthly income is more than the Medicaid limit.	42 CFR 435.301, 435.310	Yes - \$3,748,300	\$1,211,100 GF \$2,537,200 FF	
8	93.778	Physical Disabilities Waiver	MHF	Physical Disabilities waiver is designed to provide services statewide to help people with physical disabilities remain in their homes or other community based settings.	1915(c), 42 CFR 435.217, 42 CFR 435.301	Yes - \$723,800; however, these members will end up in the "Nursing Home" category, which is a more costly option.	\$233,900 GF \$490,000 FF	
9	93.778	Acquired Brain Injusry Waiver	MHF	Acquired Brain Injury waiver is designed for members who have a brain injury and would be medically appropriate for institutional care.	1915(c), 42 CFR 435.217, 42 CFR 435.301	Yes - \$636,100; however, these members will end up in the "Nursing Home" category, which is a more costly option	\$205,500 GF \$430,600 FF	
10	93.778	Aged Medical	MHF	Covers Aged people that meet all conditions to qualify for Medicaid, except their monthly income is more than the Medicaid limit.	42 CFR 435.320	Yes - \$386,300	\$124,800 GF \$261,500 FF	
11	93.778	Aging Waiver	MHF	Aging waiver is designed to provide services statewide to help older adults remain in their homes or other community based settings.	, 42 CFR 435.217, 42 CFR 4	Yes - \$380,200; however, these members will end up in the "Nursing Home" category, which is a more costly option.	\$122,800 GF \$257,300 FF	

12	93.778	Breast and Cervical Center	MHF	Provide low-income, uninsured, and underserved women access to timely breast and cervical cancer screening and diagnostic services.	Public Law 101-354	Yes - \$4,880,000; however, this will require approval from the Centers for Disease Control (CDC)	\$1,576,700 GF \$3,303,300 FF	
13	93.767	CHIP	MHF	The Children’s Health Insurance Program (CHIP) is a state health insurance plan for children who do not have other insurance. It provides well-child exams, immunizations, doctor visits, hospital, emergency care, prescriptions, hearing and eye exams, mental health services and dental care.	42 CFR 457.310	Yes, but not until after 2027 due to maintenance of effort requirements.		
14	93.778	Utah's Premium Partnership	MHF	UPP (Utah’s Premium Partnership for Health Insurance) helps make health insurance more affordable for families and individuals. UPP helps people pay their monthly health insurance premiums through your employer’s health insurance plan or COBRA coverage.	1115(a)	Utah’s Premium Partnership (for Adults) – Yes - \$527,600, Utah’s Premium Partnership (for Children) – Yes, but not until after 2027 due to maintenance of effort requirements.	\$170,500 GF \$357,100 FF	
Federally Mandated Determined FPL Percentage								
Ref	Appr Unit	Program Name	Division	Program Objectives	Governing Requirements	Is UDOH able to limit those who are served with this funding to those who are at 138% FPL or below? (Yes/No) Why or why not? Please explain. If possible, please reference applicable laws and/or regulations.	If UDOH is able to limit service to those who are at 138% FPL or below, please project program impact and the associated General Fund and Federal funds savings that could be achieved.	Additional Comments/Notes
1	10.557	Women Infants and Children (WIC)	FHP	A substantial numbers of pregnant, postpartum and breastfeeding women, infants and young children from families with inadequate income are at special risk with respect to their physical and mental health by reason of inadequate nutrition or health care, or both. The purpose of the Program is to provide supplemental foods and nutrition education, including breastfeeding promotion and support at no cost to eligible persons.	7 C.F.R. Part 246 subpart C	No - Eligibility Determination is a Federal requirement and cannot be modified.		
2	93.870	Home Visiting	FHP	The Office of Home Visiting acts as a support and resource center for entities interested in implementing an evidence-based or research-informed home visitation program. The Office of Home Visiting:  Supports home visiting programs with training and technical assistance Provides support for starting new evidence-based home visiting programs Augments and, or, develops knowledge and linkages between home visiting programs and the related services systems at the state and community level identified as but not limited to: Other home visiting programs Health care providers Substance Abuse providers Mental health providers Child care, and Parenting programs Identifies existing and new sources of funding for local home visiting programs Promotes evidence-based home visiting as an effective way to prevent child abuse Conducts evaluations of EBHV programs currently operating in Utah	45 C.F.R Part 75, Sec. 511.	Social Security Act Sec 511 determines eligibility requirements ( <a href="https://www.ssa.gov/OP_Home/ssact/title05/0511.htm">https://www.ssa.gov/OP_Home/ssact/title05/0511.htm</a> ) That section is governed by definitions laid out in this section ( <a href="https://www.ssa.gov/OP_Home/ssact/title05/0501.htm#:~:text=(2)%20The%20term%20%E2%80%99Clow,Omnibus%20Budget%20Reconciliation%20Act%20of">https://www.ssa.gov/OP_Home/ssact/title05/0501.htm#:~:text=(2)%20The%20term%20%E2%80%99Clow,Omnibus%20Budget%20Reconciliation%20Act%20of</a> ) (2) The term “low income” means, with respect to an individual or family, such an individual or family with an income determined to be below the income official poverty line defined by the Office of Management and Budget and revised annually in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981[9].		The State Office of Home Visting has been able to establish income as one of the eligibility factors. This factor must be federally approved. Currently the program uses WIC qualifiers which is 185% of the poverty guidelines.
3	93.898	Cancer Screening	DCP	The Utah Cancer Control Program (UCCP) helps low-income, uninsured, and underinsured women gain access to timely breast and cervical cancer screening, diagnostic, and treatment services. UCCP also provides patient navigation services to help women overcome barriers and get timely access to quality care. UCCP also focuses not only on the behavior choices of individuals, but also on factors that influence those choices at the interpersonal, organizational, community, and policy levels. Therefore, the UCCP supports use of population-based approaches to improve systems that increase high-quality breast and cervical cancer screening. These include Implementing evidence-based interventions in health systems, Connecting women in the community to screening services and Informing policies that increase access to cancer screening.	Public Law 101-354;H.R. 10	Yes, however, this will require approval from the Centers for Disease Control (CDC)		Serves women up to 250% of poverty. Of the 5737 women served this year, 1883 (32%) were less than 138%. Due to the Maintenance of Effort Requirement of the Federal Cancer Screening grant; any reduction in state funding could result in the loss of the \$3,200,000 Federal grant.
4		Turberculosis	DCP	To prevent, control and eventually eliminate TB infection in the state of Utah	Public Law 110-392	No. According to the ACET recommendations, “Tuberculosis control laws—United States,1993: recommendations of the Advisory Council for the Elimination of Tuberculosis (ACET), the inability to pay for medical care (including anti-TB medications) and/or a lack of healthcare insurance should not preclude initiation of an appropriate treatment regimen. Health departments may, however, have the ability to seek payment from third-party payers which the TB Program at UDOH is already doing.		

5		Refugee Programs	DCP	ensuring each newly arriving refugee to Utah receives a culturally and linguistically appropriate health screening. In addition, the program provides follow up on conditions of public health significance, additional coordination for school immunization, mental health services, and health education.	Public Law 100-461	N/A. Eligibilities are determiend by the Office of Refugee Resttelment(ORR).	The Refugee Health Program is 99% funded by federal grants.	
6	93.778	Nursing Home	MHF	To help pay for nursing home and other medical costs for those that cannot afford to pay the private pay nursing home rate.	1902(a)(10)(A)(ii)(V); 1902(a)(10)(C)	No		
7	93.778	Spenddown	MHF	To help people that meet all conditions to qualify for Medicaid, except their monthly income is more than the Medicaid limit.	1902(a)(10)(C)	No, these members have to spend their income above 100% FPL on medical costs.		
8	93.778	Transition	MHF	Parents or caretaker relatives who become ineligible for Parent/Caretaker Relative Medicaid may receive additional months of Medicaid coverage for themselves and their children.	42 CFR 435.115, P.L. 104-193, Sec. 114; 1925 of the Act, P.L. 104-193, Sec. 114	No, cannot be waived		
9	93.778	Emergency Medical	MHF	The Emergency Medical Program for non-citizens covers only a specific range of emergency medical services for a life-threatening condition.	1902(a)(10)(C)	No, cannot be waived		

Non-Income Based Eligibility Programs						If UDOH is able to limit service to those who are at 138% FPL or below, please project program impact and the associated General Fund and Federal funds savings that could be achieved.	
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1		Baby Watch Early Intervention Program	FHP	<p>The purpose of the Baby Watch Early Intervention Program (BWEIP) is to enhance early growth and development in infants and toddlers, who have developmental delays or disabilities or both, by providing individualized support and services to the child and their family.</p> <p>Early Intervention (EI) services are provided through a family coaching model that focuses on helping children meet goals in all areas of development. All services take place in the child's natural environment (home, child care, etc.) and are tailored to meet the individual needs of the child and family.</p>	34 C.F.R Part 303	Federal Part C is not specific to socioeconomic status. Utah's federally approved Early Intervention eligibility is based on a Baby Watch approved medical diagnosis, a confirmed moderate developmental delay, or an infomed clinical opinion indicating the child would benefit from early intervention services.	Eligibility for services is not based on income. Due to the Maintenance of Effort Requirement of the Federal grant, any reduction in funding could result in the loss of the \$5,700,000 Federal grant.
2		Children's Hearing Aid Program	FHP	The mission of Utah Children's Hearing Aid Program (CHAP) is to optimize early communication and learning potentials for deaf/hard of hearing (DHH) infants and children by providing access to hearing aids to financially eligible families.	R398-3	Yes. Current Rule, R398-3-3 d. Family must be at or below 300% of Federal Poverty. The rule could be modified to 138% FPL	Currently, this program covers individuals not eligible for Medicaid and supports low income families. Approximately ⅔ of children currently serviced would be ineligible if eligibility is below 138% of the federal poverty line. This would force these families to pay higher out of pocket costs. If the family is not able to pay for these services, there is a risk of not identifying the delay earlier which could equate to higher intervention and special